

USPS TRACKING#



9590 9402 1184 5246 7418 36



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

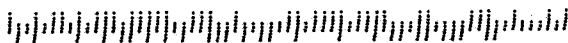
United States  
Postal Service

RECEIVED  
MAY - 8 2017  
CLERK, U.S.  
WESTERN DISTRICT  
BY

Sender: Please print your name, address, and ZIP+4® in this box\*

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
UNITED STATES COURTHOUSE  
525 MAGOFFIN AVENUE, ROOM 105  
EL PASO, TEXAS 79901

1-257830



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Rey Ortiz #17246-180  
FCI CUMBERLAND  
P.O. Box 1000  
Cumberland, MD 21501  
3:07-cr-01965-PRM-Doc. 87 & 88 sf



9590 9402 1184 5246 7418 36

2. Article Number (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form

7015 3010 0000 3192 3766

Domestic Return Receipt